# Logging My Life

**Abby Brown**

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# Acknowledgements

Writing a workbook is something I never dreamed I would need to do. I was once so organized, and memorized everything I read. Before brain damage. Now, I forget names, faces, and anything not written, down. And even those things that are written on occasion.

A tremendous thank you to all who offer help that often you never see the results of. Years later, even decades later, those you help will remember the assistance you gave.

May this workbook inspire others to want to organize their lives, and write as well.

# Introduction

Logging My Life is never the same for any two people. Life lists needs will vary based on more factors than most people realize. Disabilities, environment, family, hearing, jobs, pets, vision, and other stressors affect the need, and use of each personalized list. Whether beginning a journey into adulthood, or nearing the end, life lists keep you organized and ready for a fun and active life.

Lists are often seen as a form of OCD, or only for those with memory loss. However, they are an easy way to keep up with facts needed for our daily lives. When gathered together over the years, they make for a fascinating scrapbook that tells the tales we often forget.

Many people don't think they need lists. They rely on their memory. However, even with our memory, lists provide a paper, or electronic, trail of our lives.

When was that first job? Who was the first supervisor? What was the initial pay rate?

All facts we think we will never forget. Yet, we do. And the next job application you fill out will ask for it.

Vital facts of employment history are something easily forgotten as time passes. Keep up with the stats as you go. Use this worksheet as a saving place for any pieces you may need in later employment applications. Most of this does not belong on a resume, unless specifically asked for.

# Budget

Budget, although part of our financial lives, is more the micro aspect of those lives. It is important to balance the budget, not just the financial budget, the emotional, health, and social budgets should also be balanced. This segment focuses mostly on the stressful bills, to help them be less stressful.

# Monetary Budget Page 1 of 4

Budget

_____ Weekly Income

_____ Weekly Income

_____ Income

_____ Income

Absolute Expenses:

_____ Rent / Mortgage

Amount _____

Due Date _____

Type _____

Frequency _____

_____ Groceries

_____ Transportation

Amount _____

Due Date _____

Type _____

Frequency _____

_____ Vehicle

Amount _____

Due Date _____

Type _____

Frequency _____

# Monetary Budget Page 2 of 4

## Utilities:

Amount: Type: Frequency:

_____ Cable / Satellite

Amount _____

Due Date _____

Frequency _____

_____ Electricity

Amount _____

Due Date _____

Frequency _____

_____ Gas

Amount _____

Due Date _____

Frequency _____

_____ Internet

Amount _____

Due Date _____

Frequency _____

_____ Phone

Amount _____

Due Date _____

Frequency _____

# Monetary Budget Page 3 of 4

_____ Trash Pick up

Amount _____

Due Date _____

Frequency _____

_____ Water

Amount _____

Due Date _____

Frequency _____

_____ _____

Amount _____

Due Date _____

Type _____

Frequency _____

_____ _____

Amount _____

Due Date _____

Type _____

Frequency _____

_____ _____

Amount _____

Due Date _____

Type _____

Frequency _____

## Monetary Budget Page 4 of 4

_____ _____

Amount _____

Due Date _____

Type _____

Frequency _____

_____ _____

Amount _____

Due Date _____

Type _____

Frequency _____

_____ _____

Amount _____

Due Date _____

Type _____

Frequency _____

_____ _____

Amount _____

Due Date _____

Type _____

Frequency _____

## Monthly Bills - Due the first week of every month 1 of 2

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

## Monthly Bills - Due the first week of every month 2 of 2

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

# Monthly Bills - Due the middle week of every month 1 of 2

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

## Monthly Bills - Due the middle week of every month 2 of 2

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

# Monthly Bills - Due the last week of every month 1 of 2

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

## Monthly Bills - Due the last week of every month 2 of 2

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

**Name: _____**

Address: _____

_____

Web address/Email: _____

Account: _____

Phone: _____

Due Date: _____

Payment: _____

## Occasional Expenses - Page 1 of 2

Amount: Type: Frequency:

_____ Clothing _____

Amount _____

Frequency _____

_____ Doctor Visits

Amount _____

Frequency _____

_____ Furniture

Amount _____

Frequency _____

_____ Glasses

Amount _____

Frequency _____

_____ Hearing Aids

Amount _____

Frequency _____

_____ Shoes

Amount _____

Frequency _____

_____ Vehicle Repairs

Amount _____

Frequency _____

## Occasional Expenses - Page 2 of 2

_____ Fun Money

Amount _____

Frequency _____

_____ Other

Amount _____

Frequency _____

_____ Other

Amount _____

Frequency _____

_____ Other

Amount _____

Frequency _____

_____ Other

Amount _____

Frequency _____

_____ Other

Amount _____

Frequency _____

_____ Other

Amount _____

Frequency _____

# Social Budget

The social budget should contain alone time as well as social time.

_____ Art

_____ Communication with Others

_____ Exercise

_____ Food

_____ Gardening

_____ Hobbies

_____ Mediation

_____ Reading

_____ Sewing

_____ Singing

_____ Sleep

_____ Time with Pets

# Computers and Electronics

Computers and Electronics are vital to our daily lives. Especially for the disabled. Plans and preparations for emergency situations may involve knowing which electronics to take, which to leave behind, and which are vital to survival.

Use these worksheets as a beginning guide. You may need to create more, specific to your needs.

An example: A deafblind person may only be able to communicate with people they don't know through their laptop, or other electronic device. So that cannot be left behind in an emergency evacuation due to earthquake, tornado, fire, or any other situation.

# Computer Operation and Clean up

Operating System: _____

Year: _____

Computer Make: _____

Computer Model: _____

Computer Year: _____

Customized: _____

Document Program: _____

Program Year: _____

Anti - Virus: _____

Anti - Spyware: _____

Disk Defragmenter:_____

How to find and clean up cookies and temporary files:

_____

_____

_____

_____

_____

_____

_____

Name of, and how to find, use, and update Anti - Virus:

_____

_____

_____

_____

Name of and how to find, use, and update Operating System:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

## Password Lists Page 1 of 4

There is a great deal of debate about password worksheets.

And as many ideas about how best to make a secure password.

In general, security experts recommend to never use the same password twice, and to never write a password down.

In reality. Not going to happen. When you add up the list of sites wanting usernames and passwords, it isn't uncommon to have more than forty for home, plus twenty or more for work. Banks, doctor office sites, insurance, bills, emails, and four or more social media sites add up in a hurry.

There are simply too many websites demanding too many passwords to remember. Some require a combination of numbers, symbols, as well as requiring upper and lower case letters. Others only allow letters, or letters and numbers. And many require the user to change them frequently.

Add to this - the difficulty of guessing what combination of keys were pressed when the entered password looks like dots. Oh, and for the blind, dexterity impaired, or memory impaired, more than one simple password may be too many to remember and key in properly.

Some sites use captchas as well. These are those grainy pictures that cannot be read by the average person, and yet the sites using them claim to be using them to prove the person is not a robot. For the blind, or visually impaired, these are impossible to use. Some sites include audio captchas. These don't work well either, and not at all for the deafblind.

Passwords should be changed occasionally. A copy of all passwords and usernames should be kept in a fire and water proof safe beside the person's will. After life decisions about websites, especially for authors and online businesses, should be written down and notarized.

One hint about questions: Use false ones. Most are aimed at pre-teens anyway. Seriously, unless you are in fourth grade, how will you remember the street you lived on in third grade? Unless you are in second grade, how will you remember your first grade teacher? This is your best defense. Questions and answers no one knows the answer to.

## Password Lists Page 2 of 4

Computer: _____

Password: _____

Phone: _____

Password: _____

Router: _____

Modem: _____

Email: _____

Password: _____

Email: _____

Password: _____

Email: _____

Password: _____

Email: _____

Password: _____

Email: _____

Password: _____

## Password Lists Page 3 of 4

Be sure to include sites such as banks, health insurance, home insurance, car insurance, mortgage, credit cards, doctor office sites, and any other important sites.

Many sites now insist on two factor logins, which are not really safe. They often require an extra person to assist with the login process. These sites require an extra code sent to a second device to copy and paste into the login field.

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

## Password Lists Page 2 of 2

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

Website: _____

Username: _____

Password: _____

Question 1: _____ _____

Question 2: _____ _____

_____ Two Factor Login

## Batteries

A decade or so ago, there was the promise of a wireless future. One without the need for batteries. That didn't happen. Batteries are indeed smaller than ever. And in more products.

As we age, and batteries shrink, dexterity can make charging and changing batteries more of a challenge. Many are the same size and shape as candy. Use caution with batteries, as it is easy for pets, small children, and even healthy adults to accidentally swallow them. They are deadly if swallowed. Whenever possibly choose products that have batteries that can be charged without removing the batteries from the product.

Please make as many blank copies of the following pages as you need.

# Battery Check List 1 of 5

Use each column to record the total number of each type needed. Example: 2,2,0,1,0 for clocks.

AAA AA Button 9V C D

**Health:**

_____ _____ _____ _____ _____ _____ Blood Sugar Monitor

_____ _____ _____ _____ _____ _____ Blood Pressure Monitor

_____ _____ _____ _____ _____ _____ Gas (CO2) / Smoke Detector

_____ _____ _____ _____ _____ _____ Sound Monitor (Baby)

_____ _____ _____ _____ _____ _____ Thermostat

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

**Home:**

_____ _____ _____ _____ _____ _____ Can Opener

_____ _____ _____ _____ _____ _____ Clocks

_____ _____ _____ _____ _____ _____ Doorbell

_____ _____ _____ _____ _____ _____ Flashlight

_____ _____ _____ _____ _____ _____ House Alarm

_____ _____ _____ _____ _____ _____ Kitchen Timers

_____ _____ _____ _____ _____ _____ Lamps

_____ _____ _____ _____ _____ _____ Temperature Gauges

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ Rechargeables

_____ _____ _____ _____ _____ _____ One Use Batteries

_____ _____ _____ _____ _____ _____ Extra Batteries

# Battery Check List 2 of 5

AAA AA Button 9V C D

## Tools

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

## Electronics

_____ _____ _____ _____ _____ _____ Cameras

_____ _____ _____ _____ _____ _____ Computer Mice

_____ _____ _____ _____ _____ _____ Keyboards

_____ _____ _____ _____ _____ _____ Radios

_____ _____ _____ _____ _____ _____ Remotes

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ Rechargeables

_____ _____ _____ _____ _____ _____ One Use Batteries

_____ _____ _____ _____ _____ _____ Extra Batteries

## Battery Check List Page 3 of 5

Use each column to record the total number of each type needed for items such as tools, toys, or decorations. For instance - you may have 2,2,0,1,0 for clocks.

| AAA | AA | Button | 9V | C | D | |
|---|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ | Toothbrush |
| _____ | _____ | _____ | _____ | _____ | _____ | Toys |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | _____ | Rechargeables Needed |
| _____ | _____ | _____ | _____ | _____ | _____ | One Use Batteries |
| _____ | _____ | _____ | _____ | _____ | _____ | Extra Batteries |

## Specialty Batteries Page 4 of 5

You may want to include replacement, or bought date.

AAA AA Button 9V C D

Type: Amount: Date: Item:

_____ _____ _____ Car

_____ _____ _____ Camera

_____ _____ _____ Hearing Aids

_____ _____ _____ Laptop

_____ _____ _____ Safe

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ Rechargeables Needed

_____ _____ _____ _____ _____ _____ One Use Batteries

_____ _____ _____ _____ _____ _____ Extra Batteries

## Holiday Decorations Page 5 of 5

Remember to remove batteries before storing.

AAA AA Button 9V C D

Type: Amount: Date: Item:

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ Rechargeables Needed

_____ _____ _____ _____ _____ _____ One Use Batteries

_____ _____ _____ _____ _____ _____ Extra Batteries

# Remote Controls

To watch TV:

To watch a DVD:

To watch a DVR program:

If you have another TV and it works differently, list it here.

To watch TV:

To watch a DVD:

To watch a DVR program:

# Gaming Systems

Name: _____

Remotes: _____

Batteries needed: _____

Directions to play:

_____

_____

_____

_____

_____

_____

_____

_____

## Games:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

# Education

Most employment applications will ask for high school and college attendance information. This can be difficult if more than one high school appears on your application. In fact, more than one can look bad on an application. Some applications will even ask for junior high, middle, and even elementary school information.

### College

Name: _____

Phone Number: _____

Website: _____

Address: _____

Years Attended: _____

Graduated: _____

Degree: _____

Studied: _____

### College

Name: _____

Phone Number: _____

Website: _____

Address: _____

Years Attended: _____

Graduated: _____

Degree: _____

Studied: _____

# Education

## High School

Name: _____
Phone Number: _____

Website: _____

Address: _____

Years Attended: _____

Graduated: _____

Degree: _____

Studied: _____

## Other

Name: _____

Phone Number: _____

Website: _____

Address: _____

Years Attended: _____

Graduated: _____

Degree: _____

Studied: _____

## Other

Name: _____

Phone Number: _____

Website: _____

Address: _____

Years Attended: _____

Graduated: _____

Degree: _____

Studied: _____

# Education

## Other

Name: _____

Phone Number: _____

Website: _____

Address: _____

Years Attended: _____

Graduated: _____

Degree: _____

Studied: _____

## Other

Name: _____

Phone Number: _____

Website: _____

Address: _____

Years Attended: _____

Graduated: _____

Degree: _____

Studied: _____

## Certifications

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

# Employment History

Employer Name: _____

Secondary Employer Name: _____

Supervisor: _____

Supervisor: _____

Supervisor: _____

Trained By: _____

Job Title: _____

Job Requirements: _____

Job Start Date: _____

Training Days: _____

Beginning Salary: _____

Beginning Hours: _____

Ending Job Title: _____

Ending Job Date: _____

Ending Salary: _____

Ending Hours: _____

Ending Supervisor: _____

Responsible for: _____

Employer Address: _____

Phone Number: _____

Travel Time: _____

Travel Type: _____

# Employment History

Health Care Benefits: _____

Health Insurance Company: _____

Disability Insurance Company: _____

Life Insurance Company: _____

Life Insurance Value: _____

## Job Successes

_____

_____

_____

_____

_____

_____

## Job Weaknesses

_____

_____

_____

_____

## Programs Used

_____

_____

_____

_____

_____

_____

_____

# Employment History

Certifications Required: _____

Certifications Obtained: _____

_____

_____

_____

_____

_____

Reasons for Leaving: _____

Real Reason: _____

Reason: _____

## Co-workers

_____

_____

_____

_____

_____

_____

# Employment History

## Reference 1

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 2

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 3

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 4

Name _____

Address _____

Email _____

Years Known _____

Position _____

# Employment (Self) History

Employer Name: _____

Secondary Employer Name (Temp Service): _____

Client: _____

Client: _____

Client: _____

Job Title: _____

Job Start Date: _____

Training Days: _____

Beginning Salary: _____

Beginning Hours: _____

Ending Job Title: _____

Ending Job Date: _____

Ending Salary: _____

Ending Hours: _____

Ending Supervisor: _____

Responsible for: _____

Client Address: _____

Phone Number: _____

Travel Time: _____

Travel Type: _____

Health Care Benefits: _____

Health Insurance Company: _____

Disability Insurance Company: _____

Life Insurance Company: _____

Life Insurance Value: _____

# Employment (Self) History

## Job Successes

## Job Weaknesses

## Programs Used

# Employment (Self) History

Certifications Required: _____

Certifications Obtained: _____

_____

_____

_____

_____

_____

Reasons for Leaving: _____

Real Reason: _____

Reason: _____

## Co-workers

_____

_____

_____

_____

_____

_____

# Employment (Self) History

## Reference 1

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 2

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 3

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 4

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Volunteer History

Volunteering can be an effective way to gain employment. If used as a short term measure to prove you can do the job. However, long term volunteering for where you wish to have a paid job may prevent you from obtaining paid employment. Outside volunteering opportunities can help round you out as a person on an application.

Employer Name: _____

Secondary Employer Name: _____

Supervisor: _____

Supervisor: _____

Supervisor: _____

Trained By: _____

Job Title: _____

Job Requirements: _____

Job Start Date: _____

Training Days: _____

Beginning Salary: _____

Beginning Hours: _____

Ending Job Title: _____

Ending Job Date: _____

Ending Salary: _____

Ending Hours: _____

Ending Supervisor: _____

Responsible for: _____

# Volunteer History

Employer Address: _____

Phone Number: _____

Travel Time: _____

Travel Type: _____

Health Care Benefits: _____

Health Insurance Company: _____

Disability Insurance Company: _____

Life Insurance Company: _____

Life Insurance Value: _____

## Job Successes

_____

_____

_____

_____

_____

## Job Weaknesses

_____

_____

_____

_____

## Programs Used

_____

_____

_____

## Volunteer History

Certifications Required: _____

Certifications Obtained: _____

_____

_____

_____

_____

_____

Reasons for Leaving: _____

Real Reason: _____

Reason: _____

### Co-workers

_____

_____

_____

_____

_____

_____

# Volunteer History

## Reference 1

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 2

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 3

Name _____

Address _____

Email _____

Years Known _____

Position _____

## Reference 4

Name _____

Address _____

Email _____

Years Known _____

Position _____

# Family and Friends

Family and friends can add stress, and also relieve it. Keeping in contact is important, and a life saver. The following pages will help you keep track of important events and dates in your life, and the lives of others.

Pets are family too. At least in many of our lives. Some are guide dogs. Others are comfort pets. Many never leave our homes, or yards, though they still need care when we go away for a few days.

Children need special care as well. They grow in a hurry. Some adult children will continue to need parental care throughout their lives. So these worksheets can be adapted regardless of age, or need, of offspring. In fact, if you have adult children with these needs, including a page with their work contacts might be vital to their care provider. Be sure and update these pages yearly.

Adult care is something most people don't like to think about. However, with most adults working, older adults who cannot be left alone on their own need special care. Some may only need checking in on daily, and perhaps their mail brought to them. Others need daily Meals on Wheels services. Or may attend a day program for older adults. Their needs may change daily, weekly, monthly, or yearly, Update worksheets, combining with ones in other parts of the book as needed.

Emergency Preparedness Kit. This could belong anywhere in this book. This is a list of things you need in case of an emergency. You may feel the need to have different lists - one for snowstorms, one for tornadoes, one for power outages, and one for floods.

Adapt these lists to include escape plans for fire, tornado, burglar, where to meet if possible (up to three locations), and how, or who, to contact in a remote location to notify that you are safe. Sometimes, texts go through easier than phone calls. A family member, friend, or former neighbor, in another state may be easier to contact than anyone within a few miles of the disaster zone.

## Semi Annual Events Page 1 of 2

Use for ordering medications, filing taxes, birthdays, anniversaries, pet shots, car insurance, house insurance, smoke detector battery changing, anything you do semi-annually.

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

## Semi Annual Events Page 2 of 2

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

Event Name:_____

Event Location:_____

Date: _____

Cost: _____

## Special Events Check Off List:

This list includes a variety of personalizeable options.
What events do you need to complete to keep for your financial stability?
Examples: Professional Licenses, Business License, CPR, First Aid

Driver's License:_____

Expiration Date: _____

Cost: _____

Contact: _____

Item: _____

Expiration Date: _____

Cost: _____

Contact: _____

Item: _____

Expiration Date: _____

Cost: _____

Contact: _____

Item: _____

Expiration Date: _____

Cost: _____

Contact: _____

Item: _____

Expiration Date: _____

Cost: _____

Contact: _____

## Pet Care Page 1 of 2

Veterinarian: _____

Address: _____

Phone Number: _____

Website: _____

Emergency Veterinarian:_____

Address: _____

Phone Number: _____

Website: _____

Groomer: _____

Address: _____

Phone Number: _____

Website: _____

Pet Sitter: _____

Address: _____

Phone Number: _____

Website: _____

Pet's Name: _____

Breed/Species: _____

Gender: _____

Birthday: _____

Yearly Shots: _____

## Pet Care Page 2 of 2

Pet's Name: _____

Breed/Species: _____

Gender: _____

Birthday: _____

Yearly Shots: _____

Pet's Name: _____

Breed/Species: _____

Gender: _____

Birthday: _____

Yearly Shots: _____

Pet's Name: _____

Breed/Species: _____

Gender: _____

Birthday: _____

Yearly Shots: _____

Pet's Name: _____

Breed/Species: _____

Gender: _____

Birthday: _____

Yearly Shots: _____

Pet's Name: _____

Breed/Species: _____

Gender: _____

Birthday: _____

Yearly Shots: _____

# Child Care 1 of 2

A quick handout for schools, a trusted neighbor, or childcare provider.

Child's Name: _____

Address: _____

Phone Number: _____

Birthdate: _____

Child Care Provider:_____

Address: _____

Phone Number: _____

Website: _____

## In Case of Emergency Contact

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

# Child Care 2 of 2

School: _____

Address: _____

Phone Number: _____

Website: _____

Dentist: _____

Address: _____

Phone Number: _____

Website: _____

Doctor: _____

Address: _____

Phone Number: _____

Website: _____

Eye Doctor: _____

Address: _____

Phone Number: _____

Website: _____

# Adult Care 1 of 2

A quick handout for a trusted neighbor or adult care provider.

Adult's Name: _____

Address: _____

Phone Number: _____

Website: _____

Birthdate: _____

Adult Care Provider:_____

Address: _____

Phone Number: _____

Website: _____

**Incase of Emergency Contact:**

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

## Adult Care 2 of 2

Dentist: _____

Address: _____

Phone Number: _____

Website: _____

Doctor: _____

Address: _____

Phone Number: _____

Website: _____

Eye Doctor: _____

Address: _____

Phone Number: _____

Website: _____

## Emergency Preparedness Kit 1 of 2

Everyone needs an individualized emergency preparedness kit. The basics include food, water, clothing, blankets, shoes, and anything else a person truly needs to survive or communicate. You can adjust this kit based on the likely emergencies in your area.

_____ 3 gallons of water

_____ Batteries (Flashlights, hearing aids, medical devices)

_____ Blankets

_____ Copies of family and financial records

_____ Credit cards and cash

_____ Flashlights and batteries

_____ First aid kit

_____ Glasses

_____ Hearing aids and batteries

_____ List of doctors, medications, allergies, and diagnosis

_____ Medications

_____ Non perishable food for 3 days

_____ Non electric can opener

_____ Pillows

_____ Solid shoes

_____ Special dietary items

_____ Weather appropriate clothes

## Emergency Preparedness Kit 2 of 2

Below list individual needs - such as walker, cane, electronics, or oxygen tank. You may need a generator to run some of these.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Two links to further research Emergency Preparedness Kits:

Red Cross: http://www.redcross.org/get-help/prepare-for-emergencies/be-red-cross-ready/get-a-kit

CDC: http://emergency.cdc.gov/preparedness/kit/disasters/index.asp

# Financial Contacts

Keeping up with your finances is vital to your mental, emotional, and physical well-being. The following workbook pages should help you keep track of vital information.

Keep a copy of important numbers on your fridge, in your wallet, on your phone, and in your fire and water proof safe.

This segment includes worksheets for phone numbers, bills, bill contacts, taxes, credit check, vehicles, homes, and rental units.

## Annual Credit Reports

Tax time is the best time to remember to check your Credit Reports. Remember to check them yearly, and attempt to correct any incorrect information. Fact: TransUnion requires 366 days between free credit reports. Experian and Equifax follow the legal 365 days between credit checks.

Annual Credit Report: https://www.annualcreditreport.com/cra/index.jsp

Transunion: www.tuc.com Phone number: (800) 888 - 4213

Username/ Password: _____

Date of Annual Credit Report: _____

Experian: www.experian.com Phone number: (888) 397 - 3742

Username/ Password: _____

Date of Annual Credit Report: _____

Equifax: www.equifax.com Phone Number: (800) 685 - 1111

Username/ Password: _____

Date of Annual Credit Report: _____

# Bill Contacts 1 of 6

## Mortgage / Rental

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

## Renter/Mortgage Insurance Information

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

# Bill Contacts 2 of 6

## Vehicle 1 Payments

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

## Vehicle 2 Payments

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

# Bill Contacts 3 of 6

## Credit Card

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

## Credit Card

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

# Bill Contacts 4 of 5

## Credit Card

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

## Credit Card

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

# Bill Contacts 5 of 6

## Student Loan

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

## Loan

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

# Bill Contacts 6 of 6

## Loan

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

## Loan

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

# Car Care Phone Numbers

## Vehicle Repair

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Vehicle Insurance

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Vehicle Payments

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Emergency Phone Numbers

## Emergency

_____

## Police

_____

## Fire

_____

## Human Poison Control

_____

## Other

_____

_____

_____

_____

# Employment Phone Numbers

## Employer

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Supervisor

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Supervisor

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Family and Friends Phone Numbers Page 1 of 2

### In case of Emergency, contact:

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Family and Friends Phone Numbers Page 2 of 2

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Financial Phone Numbers Page 1 of 2

## Post Office

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Bank

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Credit Card

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Financial Phone Numbers Page 2 of 2

## Credit Card

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Credit Card

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Credit Card

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Fire and Water Proof Safe CheckList

_____ Adoption Paperwork

_____ Bank Information

_____ Bankruptcy

_____ Birth Certificates

_____ Cemetery Documents

_____ Credit Reports

_____ Court Records

_____ Death Certificates

_____ Diplomas and Educational Certificates

_____ Divorce Certificates

_____ Life Insurance Information

_____ Living Wills

_____ Marriage Certificates

_____ Mortgage Certificates

_____ Monthly Bills

_____ Password Lists

_____ Rental Agreements

_____ Taxes (7 years worth)

_____ Vehicle Titles

_____ Wills

## Other Legal Papers:

# Health Care Providers Phone Numbers Page 1 of 2

## Hospital

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Primary Doctor

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Eye Doctor

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Health Care Providers Phone Numbers Page 2 of 2

## Dentist

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Doctor

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Doctor

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Home Ownership Phone Numbers

## Mortgage Lender

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Home Insurance

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Important Phone Numbers

## Clothes Cleaners

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Beautician

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Insurance Phone Numbers Page 1 of 3

## Car Insurance

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Dental Insurance

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Health Insurance (Primary)

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Insurance Phone Numbers Page 2 of 3

## Health Insurance (Secondary):

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Life Insurance:

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Mortgage Insurance

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Insurance Phone Numbers Page 3 of 3

## Pet Insurance:

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Rental Insurance (Primary)

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Lawyers

Lawyers may be needed for authors, real estate, business, or other personal matters.

### Lawyer

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

### Lawyer

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email: _____

Hours of Operation: _____

Account Number: _____

Due Date: _____

Paid Off Date: _____

# Pet Care Phone Numbers Page 1 of 2

## Pet Poison Control

---

## Veterinary

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Emergency Veterinary

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Pet Sitter

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Pet Care Phone Numbers Page 2 of 2

## Animal Rescue

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Pet Groomer

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Pet Insurance

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Rental Phone Numbers

## Landlord

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Rental Insurance

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Taxes

Taxes Due April 15th every year

Tax Lawyer/Preparer: _____

Address: _____

Phone Number: _____

Email: _____

Cost: _____

Appointment Date:_____

Pick up forms at:_____

Tax Check off List: These are updated every year. Search for "Tax Check off List" if you have more than a few tax credits.

_____ Form 1099's (unemployment, refunds, retirement, other income)
_____ Expenses (Adoption, job hunt, charity gifts, jobs, childcare, alimony)
_____ House Interest Statements
_____ Medical Expenses
_____ Names
_____ Property Tax Information
_____ Retirement Account Contributions
_____ Self Employment Expenses
_____ Self Employment Income
_____ Social Security Numbers
_____ Student Loan Interest Statements
_____ Tax Forms or Software
_____ Vehicle Registration Statements
_____ W2's

## Tax Check List

Tax time is the best time to remember to check your Credit Reports. Remember to check them yearly, and try to correct any incorrect information.

# Utility Phone Numbers Page 1 of 4

## Computer Repair

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Electric Company

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Electrician

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Utility Phone Numbers Page 2 of 4

## Heat and Air

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## House Cleaner

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Internet and Phone Provider

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Utility Phone Numbers Page 3 of 4

## Landscaper

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Pest Control

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Plumber

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Utility Phone Numbers Page 4 of 4

## Satellite TV

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Trash Pickup

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

## Water Company

Name _____

Address _____

Email _____

Fax _____

Website _____

Phone Number _____

# Health Care

Your health makes everything you do possible.

Protecting it for yourself, and your family, is the right thing to do. It isn't selfish at all.

Regardless of ablebodyness, or disability, health care issues can surprise us all. Having the following worksheets filled in, and available in an emergency situation, may save your life, or the life of a family member.

It is a good idea once a year, when planning taxes and credit checks, to verify that all allergy, medication, insurance, and doctor information is up to date.

If you have many medical disorders, especially allergies, maintaining a copy saved in your phone email may be the difference between life and death in an emergency.

Please make as many blank copies of the following pages as you need.

# Allergies

Type: Onset: Symptoms:

## Allergies (Environmental)

## Allergies (Food)

## Allergies (Medicine)

| Type: | Onset: | Symptoms: |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

# Diagnosis

Diagnosis Date: Doctor: Diagnosis:

# Doctor List Page 1 of 3

## Primary Doctor

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

## Eye Doctor

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

## Doctor - Ear, Nose, and Throat

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

# Doctor List Page 2 of 3

## Dentist

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

## Oral Surgeon

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

## Physical Therapist

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

# Doctor List Page 3 of 3

## Doctor

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

## Doctor

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

## Doctor

Name: _____

Address: _____

Phone Number: _____

Hours of Operation: _____

Web Address: _____

Email Address: _____

Yearly Checkup: _____

## Exams (Dexa Scan, Mammogram)

| Date: | Type: | Location: Frequency: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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## Hospitalizations

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# Food Diary

In general, portion is more important than what you eat. Too much, or even too little solid food can cause weight gain, or weight loss. The human body needs a balanced diet of proteins, vegetables, vitamins, and minerals to maintain health. What is needed will vary based on environment, genetics, activity level, climate, deep sleep, and stress levels.

If a doctor requests a food diary, here is a sample to begin with. Include liquid intake for the best representation of your diet.

If your mood, or physical ability changes, a food diary may help you determine what your body is reacting to.

Please make as many blank copies of the following pages as you need.

Food: Time of day: Amount:

## Breakfast

_____ _____ _____

_____ _____ _____

_____ _____ _____

## Lunch

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

## Dinner

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

## Snack

_____ _____ _____

_____ _____ _____

_____ _____ _____

**Sleep Time**

Nap: _____

Night sleep hours: _____

How many times did you wake up? _____

Awake how long each time? _____

Ounces of water per day? _____

# Immunizations, Certifications

## Immunizations

Date: Type: Location:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

## Certifications (CPR, First Aid)

Date Granted: Type: Date Expires:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

# Medical Insurance Page 1 of 4

## Medical Insurance Information: (Primary)

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Co-Pay: _____

Valid Dates: _____

Account Number: _____

## Medical Insurance Information: (Secondary - May include Medicaid or Medicare)

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Co-Pay: _____

Valid Dates: _____

Account Number: _____

# Medical Insurance Page 2 of 4

## Dental Insurance Information:

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Co-Pay: _____

Valid Dates: _____

Account Number: _____

## Vision Insurance Information:

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Co-Pay: _____

Valid Dates: _____

Account Number: _____

# Medical Insurance Page 3 of 4

## Chiropractic Insurance Information:

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Co-Pay: _____

Valid Dates: _____

Account Number: _____

## Disability Insurance Information:

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Co-Pay: _____

Valid Dates: _____

Account Number: _____

# Medical Insurance Page 4 of 4

## Life Insurance Information:

Name: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Co-Pay: _____

Valid Dates: _____

Account Number: _____

# Medications

Name, milligrams and times per day, include over the counter meds such as calcium and multi vitamins.

Person's Name _____

| Medication Name: | Amount: | Frequency: | Refill: |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
| | | | |
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**As Needed Meds:**

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|---|---|---|---|
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| | | | |
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| | | | |
| | | | |

## Pharmacy

Pharmacy: _____

Name: _____

Address: _____

Hours of Operation: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Online Pharmacy (for long term medications)

Pharmacy: _____

Name: _____

Address: _____

Hours of Operation: _____

Phone Number: _____

Web Address: _____

Email Address: _____

## Symptoms (Mental), Duration, and Intensity

Intensity guides are sometimes difficult to follow. A better way to look at it is to look at impact on daily activities: Getting out of bed, walking, eating, getting a cup of coffee, and more. Search for a good one to use and describe how it affects your daily life.

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

## Symptom (Physical), Duration, and Intensity

Intensity guides are sometimes difficult to follow. A better way to look at it is to look at impact on daily activities: Getting out of bed, walking, eating, getting a cup of coffee, and more. Search for a good one to use and describe how it affects your daily life.

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

Symptom: _____

Duration: _____

Daily Impact: _____

Intensity: 1 2 3 4 5 6 7 8 9 10

# Home and Vehicle

Taking care of your home and vehicle may seem like second nature. However, the cycle of working, bills, and other commitments can cause you to forget many important things. These pages will help you track your information as you go, and know what to place on your calendar to help you care for your home and vehicles.

## House Information Page 1 of 6

Property Owner: _____

Address: _____

Phone Number: _____

Property Birthday:_____

Mortgage Holder:_____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Payment Amount: _____

Payment Due Date: _____

Account Number: _____

Housing Insurance:_____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Payment Amount: _____

Payment Due Date: _____

Account Number: _____

## House Information Page 2 of 6

Property Taxes: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Payment Amount: _____

Payment Due Date: _____

Account Number: _____

Property Taxes: _____

Address: _____

Phone Number: _____

Web Address: _____

Email Address: _____

Payment Amount: _____

Payment Due Date: _____

Account Number: _____

## House Information Page 3 of 6

Major Repairs: (Sewer, remodel, electrical, windows, painting, heat and air, floors, roof)

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

## House Information Page 4 of 6

Major Repairs: (Sewer, remodel, electrical, windows, painting, heat and air, floors, roof)

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Cost: _____

Warranty Expires: _____

Warranty Transferable: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Cost: _____

Warranty Expires: _____

Warranty Transferable: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Cost: _____

Warranty Expires: _____

Warranty Transferable: _____

## House Information Page 5 of 6

Major Repairs: (Sewer, remodel, electrical, windows, painting, heat and air, floors, roof)

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

## House Information Page 6 of 6

Major Repairs: (Sewer, remodel, electrical, windows, painting, heat and air, floors, roof)

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

Type: _____
Company: _____
Address: _____
Phone: _____
Year: _____
Cost: _____
Warranty Expires: _____
Warranty Transferable: _____

## Rental Property 1 of 2

Property Owner: _____

Address: _____

Phone Number: _____

Account: _____

Payment: _____

Due Dates: _____

Rental Insurance:_____

Address: _____

Phone Number: _____

Account: _____

Payment: _____

Due Dates: _____

### Repair Work

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

# Rental Property 2 of 2

## Repair Work

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

## Shut Off Locations

It is important to know the major shut off locations for your home or rental unit. In the event of an emergency, or repair work, you, or a technician may need to shut off electric, gas, water, sewer, or landline phone service. For some items, such as water, you may have multiple shut off valves.

Electric Box: _____

Electric Meter: _____

Emergency Contact: _____

Gas Meter: _____

Emergency Contact: _____

Gas shut off for Heater: _____

Gas shut off for Water Heater: _____

Main Water Line: _____

Emergency Contact: _____

Toilet: _____

Bathroom Sink: _____

Tub: _____

Hot Water Heater: _____

Washer: _____

Kitchen Sink: _____

Outdoor Faucet: _____

Sewer Cleanouts: _____

Emergence Contact: _____

## Vehicle 1 Information Page 1 of 2

Make: _____

Model: _____

Year: _____

VIN Number: _____

Other: _____

Mileage: _____

Color: _____

Year Bought: _____

Where Bought: _____

Loan Company: _____

Address: _____

Phone Number: _____

Payment: _____

Due Date: _____

Vehicle Insurance: _____

Name: _____

Address: _____

Phone: _____

Website: _____

Due Dates: _____

Amount Due:_____

Car Tags and Taxes:_____

Due Date: _____

## Vehicle 1 Information Page 2 of 2

Oil Change Dates: _____

Windshield Wipers Change Dates: _____

Tires: _____

Type: _____

Changed: _____

Vehicle Repair Center: _____

Address: _____

Phone: _____

Website: _____

## Vehicle 1 Repairs - Page 1 of 2

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

## Vehicle 1 Repairs - Page 2 of 2

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

## Vehicle 2 Information Page 1 of 2

Make: _____

Model: _____

Year: _____

VIN Number: _____

Other: _____

Mileage: _____

Color: _____

Year Bought: _____

Where Bought: _____

LLoan Company: _____

Address: _____

Phone Number: _____

Payment: _____

Due Date: _____

Vehicle Insurance: _____

Name: _____

Address: _____

Phone: _____

Website: _____

Due Dates: _____

Amount Due:_____

Car Tags and Taxes: _____

Due Date: _____

## Vehicle 2 Information Page 2 of 2

Oil Change Dates: _____

Windshield Wipers Change Dates: _____

Tires: _____

Type: _____

Changed: _____

Vehicle Repair Center: _____

Address: _____

Phone: _____

Website: _____

## Vehicle 2 Repairs - Page 1 of 2

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

## Vehicle 2 Repairs - Page 2 of 2

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

Type: _____

Company: _____

Address: _____

Phone: _____

Year: _____

Warranty Expires: _____

# Meals and Pantry

Taking care of your meals and pantry will help you take care of yourself and others around you.

There is no need to worry about groceries when you have a well stocked pantry, and an easy to fill in grocery list. In order to maintain both the pantry and the grocery list, use a meal planning list.

When shopping for food, you have to know how much space you have to fill with useful items. Sales and coupons are wonderful. Not helpful though, if the food bought with them spoils before it is eaten.

If you only have a small freezer, you won't be able to store much frozen food. Which can prevent a reliance on processed foods. However, if you want to buy a half a cow, or other freshly slaughtered meats, you will need a larger freezer.

In general, you want to be sure you have enough food to last at least two weeks if you are unable to get out and go shopping. During storm season, much of that food should be easy to eat without needing refrigerated storage, or heating, should the power go out.

If you are concerned about the safety of food, and use by dates, or the safety of food after a power outage or flood, please check the CDC website for comprehensive infographics. http://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets

Paper products can be stored anywhere they won't get wet.

Cleaning products should be stored in a safe, closed cabinet, or one that vents the odors outdoors. Be sure the cabinet can be locked to prevent children, pets, or others from accidentally opening the cabinet and being exposed to chemicals. Be sure no liquids are kept in a place they will freeze in winter.

# Meal Planner

Meal Name: _____

Preparation Time: _____

Cook Time: _____

Have: Need: Ingredients:

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

Meal Name: _____

Preparation Time: _____

Cook Time: _____

Have: Need: Ingredients:

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

____ ___ _____

## Grocery List

# Pantry List Page 1 of 7

Have Need Brand Item

## Beans (Canned)

_____ _____ _____ Baked Beans
_____ _____ _____ Black Beans
_____ _____ _____ Black Eyed Peas
_____ _____ _____ Butter Beans
_____ _____ _____ Chili Hot Beans
_____ _____ _____ Diced Tomatoes
_____ _____ _____ Kidney Beans (Dark Red)
_____ _____ _____ Kidney Beans (Light Red)
_____ _____ _____ Great Northern Beans
_____ _____ _____ Green Shelled Beans
_____ _____ _____ Green Beans
_____ _____ _____ Lima Beans
_____ _____ _____ Pinto Beans
_____ _____ _____ Pinto Beans with Onions
_____ _____ _____ Pork and Beans
_____ _____ _____ Refried Beans
_____ _____ _____
_____ _____ _____
_____ _____ _____

## Fruit (Canned)

_____ _____ _____ Applesauce
_____ _____ _____ Peaches
_____ _____ _____ Pears
_____ _____ _____
_____ _____ _____

## Pantry List Page 2 of 7

### Meat (Canned)

_____ _____ _____ Chicken
_____ _____ _____ Clams
_____ _____ _____ Crabmeat
_____ _____ _____ Oysters
_____ _____ _____ Shrimp
_____ _____ _____ Spam
_____ _____ _____ Tuna
_____ _____ _____
_____ _____ _____
_____ _____ _____

### Potatoes (Canned)

_____ _____ _____ Sweet Potatoes
_____ _____ _____ Sliced Potatoes
_____ _____ _____ Diced Potatoes
_____ _____ _____

### Soup (Canned)

_____ _____ _____ Chili
_____ _____ _____ Chicken and Mushroom
_____ _____ _____ Chicken Noodle
_____ _____ _____ Cream of Mushroom
_____ _____ _____ Tomato Soup
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

# Pantry List Page 3 of 7

## Vegetables (Canned):

_____ _____ _____ Asparagus
_____ _____ _____ Carrots
_____ _____ _____ Corn
_____ _____ _____ Hominy
_____ _____ _____ Mushrooms
_____ _____ _____ Peas
_____ _____ _____ Peas and Carrots
_____ _____ _____ Succotash

## Baking

_____ _____ _____ Baking Soda
_____ _____ _____ Cornstarch
_____ _____ _____ Pumpkin
_____ _____ _____ Toothpicks
_____ _____ _____ Sugar
_____ _____ _____ Sugar (Brown)
_____ _____ _____ Sugar (Powdered)
_____ _____ _____ Sugar (Brown)
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

## Breakfast

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____ Oatmeal

## Pantry List Page 4 of 7

### Desserts

_____ _____ _____ Brownie
_____ _____ _____ Cake
_____ _____ _____ Cookies
_____ _____ _____ Pudding
_____ _____ _____
_____ _____ _____

### Drinks

_____ _____ _____ Coffee (Regular)
_____ _____ _____ Coffee (Flavored)
_____ _____ _____ Coffee (Instant)
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

### Other Drinks

_____ _____ _____ Gallon Water
_____ _____ _____ Apple Juice
_____ _____ _____ Tomato Juice
_____ _____ _____ Vinegar

### Fridge

_____ _____ _____ Butter
_____ _____ _____ Eggs
_____ _____ _____ Milk
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

# Pantry List Page 5 of 7

## Salad Dressings

_____ _____ _____ Italian Dressing
_____ _____ _____ Ranch Dressing

_____ _____ _____ Honey
_____ _____ _____ Jelly
_____ _____ _____ Peanut Butter

## Sauces

_____ _____ _____ Barbecue Sauce
_____ _____ _____ Ketchup
_____ _____ _____ Mayonaise
_____ _____ _____ Pickles
_____ _____ _____ Pizza Sauce
_____ _____ _____ Relish
_____ _____ _____ Spaghetti Sauce
_____ _____ _____ Yellow Mustard

## Spices

_____ _____ _____ Bacon Bits
_____ _____ _____ Chili Powder
_____ _____ _____ Dried Onions
_____ _____ _____ Dried Potatoes
_____ _____ _____ Taco Seasoning
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

## Pantry List Page 6 of 7

### Freezer

_____ _____ _____ Dairy Ice Cream

_____ _____ _____ Non Dairy Ice Cream

_____ _____ _____ Sherbet

### Beef (Frozen)

_____ _____ _____ Beef Broth

_____ _____ _____ Hamburger

_____ _____ _____ Chuck Roast

_____ _____ _____ Round Roast

_____ _____ _____ Rump Roas

_____ _____ _____ Cube Steak (stew)

_____ _____ _____ Eye Round Steak

_____ _____ _____ Flank Steak

_____ _____ _____ Ribeye Steak

_____ _____ _____ Shoulder Steak

_____ _____ _____ Sirloin Steak

_____ _____ _____ Skirt Steak

_____ _____ _____ Tenderloin Steak

_____ _____ _____ Top Loin

### Fruit

_____ _____ _____ Apples

_____ _____ _____ Bananas

_____ _____ _____ Blackberries

_____ _____ _____ Blueberries

_____ _____ _____ Cantaloup

_____ _____ _____ Peaches

_____ _____ _____ Strawberries

# Pantry List Page 7 of 7

**Chicken (Frozen)**

_____ _____ _____ Chicken Breast
_____ _____ _____ Chicken Legs
_____ _____ _____ Chicken Nuggets

**Fish (Frozen)**

_____ _____ _____ Clams
_____ _____ _____ Lobster
_____ _____ _____ Shrimp
_____ _____ _____ Tilapia

**Meat (Frozen)**

_____ _____ _____ Bologna
_____ _____ _____ Cooked Ham
_____ _____ _____ Hot Dogs
_____ _____ _____ Smoked Sausage

**Pork (Frozen)**

_____ _____ _____ Ham
_____ _____ _____ Pork Chops

**Turkey (Frozen)**

_____ _____ _____ Turkey
_____ _____ _____ Turkey Legs
_____ _____ _____ Turkey Burger
_____ _____ _____ Cooked Turkey

**Vegetables (Frozen)**

_____ _____ _____ Chopped Onion
_____ _____ _____ Corn on the Cob
_____ _____ _____ Green Beans
_____ _____ _____ Squash
_____ _____ _____ Sweet Potatoes
_____ _____ _____ Zucchini

# Non Perishable Needs Page 1 of 3

## Bathroom

_____ _____ _____ Shampoo
_____ _____ _____ Shaving Cream
_____ _____ _____ Soap
_____ _____ _____ Razors
_____ _____ _____
_____ _____ _____

_____ _____ _____ Floss
_____ _____ _____ Toothpaste
_____ _____ _____ Toothbrush

_____ _____ _____ Alcohol
_____ _____ _____ Allergy/Sinus
_____ _____ _____ Peroxide
_____ _____ _____ Bandages
_____ _____ _____
_____ _____ _____
_____ _____ _____

## Cleaning

_____ _____ _____ Clear Gloves
_____ _____ _____ Dish Soap
_____ _____ _____ Scouring Sponges
_____ _____ _____ Yellow and Green Pads
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

# Non Perishable Needs Page 2 of 3

## Paper and Plastic

_____ _____ _____ Kitchen Bags - 13 Gallon
_____ _____ _____ Outside Bags
_____ _____ _____ Small Bags - 6-9 Gallon

_____ _____ _____ Coffee Filters
_____ _____ _____ Paper Plates - Large
_____ _____ _____ Paper Plates - Small
_____ _____ _____ Plastic Bowls
_____ _____ _____ Plastic Spoons

_____ _____ _____ Aluminum Foil
_____ _____ _____ Aluminum Foil (Oven Sized)
_____ _____ _____ Clear Wrap
_____ _____ _____ Wax Paper

_____ _____ _____ Freezer Gallon Bags
_____ _____ _____ Freezer Quart Bags
_____ _____ _____ Sandwich Bags

_____ _____ _____ Paper Towels
_____ _____ _____ Toilet Paper
_____ _____ _____ Tissues
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

# Non Perishable Needs Page 3 of 3

## Pets

_____ _____ _____ Cat Food
_____ _____ _____ Cat Litter
_____ _____ _____ Cat Treats
_____ _____ _____
_____ _____ _____

_____ _____ _____ Dog Food
_____ _____ _____ Dog Bones
_____ _____ _____ Dog Treats
_____ _____ _____
_____ _____ _____

## Other

_____ _____ _____ Batteries
_____ _____ _____ Hearing Aid Batteries
_____ _____ _____ Printer Paper
_____ _____ _____ Printer Ink
_____ _____ _____ Vent Filters
_____ _____ _____ Vacuum Bags
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

# Self Care

Self care is vital when trying to retain memory and daily life skills. Self care will allow you to maintain independence, as well as helping those around you in their daily tasks.

Ways to prevent memory loss include reading, writing, sewing, games, puzzles, and even watching science and history television.

This segment is personal. Of course, you may create a separate list for each family member.

## Favorite Books

Title: _____

Author: _____

Location: _____

Title: _____

Author: _____

Location: _____

Title: _____

Author: _____

Location: _____

Title: _____

Author: _____

Location: _____

Title: _____

Author: _____

Location: _____

Title: _____

Author: _____

Location: _____

Title: _____

Author: _____

Location: _____

Title: _____

Author: _____

Location: _____

## Favorite TV Shows

Title: _____

Actors: _____

_____

_____

Channel: _____

Title: _____

Actors: _____

_____

_____

Channel: _____

Title: _____

Actors: _____

_____

_____

Channel: _____

Title: _____

Actors: _____

_____

_____

Channel: _____

# Favorite Movies

Title: _____

Actors: _____

_____

_____

Title: _____

Actors: _____

_____

_____

Title: _____

Actors: _____

_____

_____

Title: _____

Actors: _____

_____

_____

Title: _____

Actors: _____

_____

_____

# List of Frequently Forgotten Words

# List of Frequently Misspelled Words

## Publishing History

Title: _____

Publisher: _____

Publisher Address: _____

Publisher Phone Number: _____

Contract Requirements: _____

_____

_____

_____

_____

_____

_____

_____

Hardcover: _____

Softcover: _____

Ebook: _____

Audiobook: _____

Braille: _____

Price: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

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ISBN: _____

Keywords:

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Categories:

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Short Description: (400 Characters, spaces count)

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Long Description: (4000 Characters)

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Photographer: _____

Cover Designer: _____

Cover Photo: _____

Editor: _____

Proofreader: _____

_____

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_____

Resources: _____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

## Publishing History

Title: _____

Publisher: _____

Publisher Address: _____

Publisher Phone Number: _____

Contract Requirements: _____

_____

_____

_____

_____

_____

_____

_____

Hardcover: _____

Softcover: _____

Ebook: _____

Audiobook: _____

Braille: _____

Price: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Available at: _____

Link: _____

ISBN: _____

Keywords:

_____

_____

_____

_____

_____

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Categories:

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Short Description: (400 Characters, spaces count)

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_____

_____

Long Description: (4000 Characters)

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_____

_____

_____

_____

Photographer: _____

Cover Designer: _____

Cover Photo: _____

Editor: _____

Proofreader: _____

_____

_____

_____

Resources: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

# Travel

Travel with a disability takes a little extra work. However, it can be done with a little preparation.

If you travel regularly, keep a travel box filled with items you take each time, so there is no scrambling for something at the last minute. Keep a shopping list for items you use up.

Another option is to use full size items to refill smaller travel items. For instance, you may buy a single travel size of shampoo, and refill it as needed from your full sized bottle at home.

Use some caution: Opened liquids may allow germs and mold to grow. Clean out bottles between long uses. Dry them well, and store them.

Keep your checklist handy in case of an emergency. That way, half the planning is done. You only have to grab each item and add it to your suitcase.

Please make as many blank copies of the following pages as you need.

# Over Night Travel List Page 1 of 3

Pet/child/elder care:

Name: _____

Caretaker Name: _____

Caretaker Address: _____

Caretaker Phone Number: _____

Name: _____

Caretaker Name: _____

Caretaker Address: _____

Caretaker Phone Number: _____

Change of clothes _____

Socks _____

Shoes _____

Sleeping Outfit _____

Blanket _____

Pillow _____

Jacket/Coat _____

Electronic Needs:

Phone _____

Phone Charger _____

IPad _____

IPad Charger _____

Laptop _____

Laptop Charger _____

Item Charger _____

_____

_____

# Over Night Travel List Page 2 of 3

Medical Needs

## Medications

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Heating Pad

Hearing Aid Batteries

Dentures

Denture Cleaner

Toothbrush

Toothpaste

_____

_____

_____

_____

_____

_____

_____

_____

_____

# Over Night Travel List Page 3 of 3

## Dietary Needs

## Other Needs

## Weekend Travel List Page 1 of 3

Pet/child/elder care:

Name: _____

Caretaker Name: _____

Caretaker Address: _____

Caretaker Phone Number: _____

Name: _____

Caretaker Name: _____

Caretaker Address: _____

Caretaker Phone Number: _____

2 Changes of clothes _____

Socks _____

Shoes _____

Sleeping Outfit _____

Blanket _____

Pillow _____

Jacket/Coat _____

Electronic Needs:

Phone _____

Phone Charger _____

IPad _____

IPad Charger _____

Laptop _____

Laptop Charger _____

Item Charger _____

# Weekend Travel List Page 2 of 3

## Medications

_____

_____

_____

_____

_____

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_____

_____

_____

_____

Heating Pad

Hearing Aid Batteries

Dentures

Denture Cleaner

Toothbrush

Toothpaste

_____

_____

_____

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_____

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_____

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_____

# Weekend Travel List Page 3 of 3

## Dietary Needs

## Other Needs

## Week Travel List Page 1 of 3

Stop or hold mail and newspapers _____

Pay, or schedule, bills that will occur during time _____

Turn off, and/or unplug electronics _____

Yard Care _____

Pet/child/elder care:

Name: _____

Caretaker Name: _____

Caretaker Address: _____

Caretaker Phone Number: _____

Name: _____

Caretaker Name: _____

Caretaker Address: _____

Caretaker Phone Number: _____

7 Changes of clothes _____

Socks _____

Shoes _____

Sleeping Outfit _____

Blanket _____

Pillow _____

Jacket/Coat _____

_____

_____

_____

# Week Travel List Page 2 of 3

## Medications

Heating Pad

Hearing Aid Batteries

Dentures

Denture Cleaner

Toothbrush

Toothpaste

# Week Travel List Page 3 of 3

## Electronic Needs

Phone _____

Phone Charger _____

IPad _____

IPad Charger _____

Laptop _____

Laptop Charger _____

Item Charger _____

## Dietary Needs

_____

_____

_____

_____

_____

_____

_____

## Other Needs

_____

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# Warranty Paperwork

Warranty paperwork saves time and frustration when debating when you bought something, what is covered, and when the warranty runs out. Sometimes, it seems like only yesterday you replaced that water heater. Although, the paperwork says it was ten years ago.

Warranty paperwork can also be vital for insurance purposes, can help you save on your home insurance, and can increase the value of your home at the time you chose to sell.

In order to keep up with it, be sure and staple the receipt to the warranty paperwork. In the event you bought more than one item at a time, such as a washer and dryer, you may use the original on one item and a copy on the other(s). If more than two items, notate on the copies what the original receipt is stapled to. You may also want to leave a note with the original receipt to transfer it to the last item to go out of warranty.

Warranty papers can be an interesting scrapbook trail. And a way to plan and prepare for your budget. If you know your hot water heater is five years old, you can start budgeting a replacement fund. This goes for all major appliances and electronics. Knowing their life cycle, and cost is vital to a balanced budget.

These days, many items come without warranty paperwork or user guides. It is easy to download them from the internet, and store them in a labeled folder on your computer and backup drive in a fireproof safe.

Please make as many blank copies of the following pages as you need.

# Appliances Page

Major Appliances: (Air Conditioner, Heater, Fridge, Freezer, Washer, Dryer, Stove, Dishwasher, Microwave)

Type: _____
Brand: _____
Serial Number: _____
Model Number: _____
Year: _____
Cost: _____
Bought Location: _____
Warranty: _____
Warranty Expires: _____
Warranty Transferable: _____
Repair Contact: _____
Notes: _____

Type: _____
Brand: _____
Serial Number: _____
Model Number: _____
Year: _____
Cost: _____
Bought Location: _____
Warranty: _____
Warranty Expires: _____
Warranty Transferable: _____
Repair Contact: _____
Notes: _____

## Electronics

Major Electronics: (Camera, Computer, DVD Player, Game System, Modem, Monitor, Phone, Printer, Router, Television)

Type: _____
Brand: _____
Serial Number: _____
Model Number: _____
Year: _____
Cost: _____
Bought Location: _____
Warranty: _____
Warranty Expires: _____
Warranty Transferable: _____
Repair Contact: _____
Notes: _____

Type: _____
Brand: _____
Serial Number: _____
Model Number: _____
Year: _____
Cost: _____
Bought Location: _____
Warranty: _____
Warranty Expires: _____
Warranty Transferable: _____
Repair Contact: _____
Notes: _____

# Tools

Major Tools: (Air Compressor, Blower, Heaters, Lawn Mower, Trimmers)

Type: _____
Brand: _____
Serial Number: _____
Model Number: _____
Year: _____
Cost: _____
Bought Location: _____
Warranty: _____
Warranty Expires: _____
Warranty Transferable: _____
Repair Contact: _____
Notes: _____

Type: _____
Brand: _____
Serial Number: _____
Model Number: _____
Year: _____
Cost: _____
Bought Location: _____
Warranty: _____
Warranty Expires: _____
Warranty Transferable: _____
Repair Contact: _____
Notes: _____

**###**

Thank you for reading Logging My Life. If you enjoyed it, please take a moment to leave me a review at your favorite online retailer and share it on social media. Choose another fiction, or nonfiction, title to explore on your journey through the myths society has encouraged us to live by.

Thanks!

Abby Brown

## About the Author

Abby Brown began reading at far too young an age. Her preferred reading material was nonfiction, with biographies and science being at the forefront of her library excursions.

Her ability to memorize and use all the grammar rules in school years led to working in the school library while classmates caught up. All of those rules, and diagramming sentences was easy and relaxing. For many years. All forgotten now. Except the joyful memories of preparing the library for others to use.

As an adult, gardening, and preparing the garden bounty, was her way to relax. To think. To make (tasty) order out chaos. Even that is gone now. May you enjoy the recipes she has gathered over the decades.

# Other Books by Abby Brown

## A Bend in the Future

Tammy's move to the city opens secrets hidden from her, many on the horse farms around her.

Some secrets her family thought she knew.

Others, they hoped would never affect her.

Building a future means forging unexpected bonds and traveling roads she never imagined.

## Kin Strife

Recording the village elder's life stories should be routine. Always on the outside of village life, looking in. Terra's rocked babies, cooked meals, written memories.

Nothing more.

Until now.

Saving stories in a village of people lost between cultures interrupts her search for belonging. Their fragmented stream of life threatens all Terra knows of her own past, and future. She must tame the stream back into its banks to create a home she never dreamed existed.

## Connect with Abby Brown

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